

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041173

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 3150

FILED NOV 5 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KIRKWOODLength of stay in lb
26 YRS.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITALInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO.

b. COUNTY ST. LOUIS

c. CITY OR TOWN KIRKWOOD

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
751 NORTH DICKSONReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ROLAND

LEO

STALL

4. DATE OF DEATH

Month

Day

Year

OCT. 26, 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/17/1893

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SALESMAN-BUYER

10b. KIND OF BUSINESS OR INDUSTRY

ST. LOUIS WHOLESALE DRUG COMPANY

11. BIRTHPLACE (City and state or country)

MT. CARMEL, OHIO

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

CHARLES STALL

13b. MOTHER'S MAIDEN NAME

EMMA DAVIS

14. NAME OF HUSBAND OR WIFE

THELMA STALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
YES WORLD WAR I

16. SOCIAL SECURITY NO.

17. INFORMANT

751 N. DICKSON
CODY DAVID, KIRKWOOD, MO.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of base of tongue

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

with invasion of floor of mouth +

DUE TO (c)

extension into cervical lymph nodes.

INTERVAL BETWEEN ONSET AND DEATH

approx. 1 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct 1958 to Date of Death and last saw her him alive on Oct 26, 1962
Death occurred at 9pm - 10-26-62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deed or title)

Alan L. Hall, M.D.

22b. ADDRESS

135 West Cedar

22c. DATE SIGNED

10/29/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

CREMATION

23b. DATE

10/30/62

23c. NAME OF CEMETERY OR CREMATORY

OAK GROVE CREMATORY

23d. LOCATION (City, town, or county)

ST. LOUIS, MO.

24. FUNERAL DIRECTOR

ADDRESS

FITZINGER MORTUARY, KIRKWOOD, MO.

25. DATE RECD. BY LOCAL REG.

10-30-62

26. REGISTRAR'S SIGNATURE

John Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herbert J. Sawyer

Licensed Embalmer No. 4800

P. O. Address Nikunand 22 Mo,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.